Name in Full: Budah Allen

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Dayton — County: Howard

Date of death 1904 — Month: Jan — Day: 27 — Age — Years: 11 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Md

Married, Single or Widowed: Single — Occupation:

Name of Wife or Husband:

Father's Name: Richard Allen — Father's Birthplace: Md

Mother's Maiden Name: Laura Bond — Mother's Birthplace: Md

Name of person giving Information: S. A. Nichols — How related to deceased: Physician

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 2 years

Immediate: [illegible] — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. A. Nichols

Address: Dayton Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Milton B. Bopst — County: Howard

Date of death 1904 — Month: January — Day: 21 — Age: Years 56 — Months — Days

Sex: male — Color or Race: white — Birthplace: Frederick

Married, Single or Widowed: married — Occupation: track man on B & O R.R.

Name of Wife or Husband: Rosa A. Bopst

Father's Name: Daniel Bopst — Father's Birthplace: Frederick

Mother's Maiden Name: ~~Rosa A. Cox~~ don know — Mother's Birthplace: don't Know

Name of person giving Information: Francis Heine — How related to deceased: not related

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Killed by freight train 1831 — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Bernard H. Wallenhorst J.P. acting Coroner

Address: Ellicott City Md.

Accident ~~or Suicide~~?: Accident

LIBRARY BUREAU A6661G

Name in Full: Margant Boslin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Guilford — County: Howard

Date of death 1904 — Month: Jan — Day: 18

Age — Years: 70 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Md

Married, Single or Widowed: widow — Occupation: Washerwoman

Name of Wife or Husband: Saml. Boslin

Father's Name: Thomas Anderson — Father's Birthplace: Md

Mother's Maiden Name: Rebecca Anderson — Mother's Birthplace: Md

Name of person giving In formation: Wm. Oliver — How related to deceased: friend

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 8 days

Immediate: Heart failure — How long: a few hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Cuthbert M.D.

Address: Savage Md.

Accident or Suicide? neither

LIBRARY BUREAU A88816

Name in Full: Britton (Infant)

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: West Friendship — County: Howard

Date of death 1904: Month: 1 — Day: 24 — Age: Years: Stillborn — Months: — — Days: —

Sex: male — Color or Race: White — Birthplace: 2nd

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: Chas. W. Britton — Father's Birthplace: Md

Mother's Maiden Name: Ora Lee Wilcox — Mother's Birthplace: Md

Name of person giving Information: Chas. W. Britton — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Birth — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Franklin Swan M.D.

Address: Sykesville, Md.

Accident or Suicide?

LIBRARY BUREAU A0853

Name in Full: Willie I. Clark

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Savage — County: Howard

Date of death 1904 — Month: Jan — Day: 21 — Age — Years: 4 — Months: 10 — Days:

Sex: Fem. — Color or Race: White — Birthplace: Md

Occupation: Infant — Where Residing if not at place of death: Savage

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Clinton C. Clark — Father's Birthplace: Md

Mother's Maiden Name: Mary Gunn — Mother's Birthplace: Md

Name of person giving Information: Mrs Gunn — How related to deceased: Cousin

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 5 days.

Immediate: Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. H. Guilbert M.D

Address: Savage Md

Accident or Suicide? Natural

LIBRARY BUREAU A33516

Name in Full: Elizabeth Crowe

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Simpsonville — County: Howard

Date of death 1904: Month: Jan — Day: 21 — Age: Years: 82 — Months: 4 — Days:

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Single — Occupation: Spooler

Name of Wife or Husband:

Father's Name: Allen Crowe — Father's Birthplace: Md

Mother's Maiden Name: Emily Elisha — Mother's Birthplace: Md

Name of person giving information: Wm Blowers — How related to deceased: none

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senusal debility — How long: 1 month

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas R. Dietz M.D.

Address: Simpsonville Md

Accident or Suicide?

LIBRARY BUREAU A88510

Name in Full: James Gaither

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Eek Ridge — County: Howard

Date of death: Month: January — Day: 2 — 1904

Age: Years: 76 — Months: — Days: —

Sex: Male — Color or Race: Black — Birthplace: Maryland

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife ~~or Husband~~: Laura Gaither

Father's Name: Samuel Gaither — Father's Birthplace: Maryland

Mother's Maiden Name: Elizabeth Gaither — Mother's Birthplace: Maryland

Name of person giving Imformation: James Mars — How related to deceased: none

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Insufficiency — How long: 1 year

Immediate: Anasarca - Exhaustion — How long: 1 month

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. R. Earickson

Address: Eek Ridge, Md.

Accident or Suicide? —

LIBRARY BUREAU A88510

Name in Full: Joseph E Gallagher

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ellicott City; County: Howard

Date of death 190 7 Month: Jan Day: 24 Age: Years 48 Months Days

Sex: Male Color or Race: White Birth-place: Md

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Ephraim Gallagher Father's Birthplace:

Mother's Maiden Name: Jane Robinson Mother's Birthplace: Md

Name of person giving Information: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism How long: 5006 years

Immediate: Organic Heart-Disease How long: 3 minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B. F. Byrne

Address: Ellicott City

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Alice Habron

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: N. Laurel — County: Howard

Date of death: Month: Jan — Day: 1 — 1904 — Years: Age 31 — Months: — — Days: —

Sex: Female — Color or Race: Black — Birthplace: Md

Occupation: Servant — Where Residing if not at place of death: Howard Co.

Married, Single or Widowed: Married — Name of Wife or Husband: Chas. Habron

Father's Name: Saml. Clarke — Father's Birthplace: Md

Mother's Maiden Name: Ann Woods — Mother's Birthplace: Md

Name of person giving Information: Chas. Habron — How related to deceased: Husband

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Alcoholism — How long: Several years

Immediate: Not determined — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. F. Taylor

Address: Laurel Md

Accident or Suicide?

LIBRARY BUREAU A33518

Name in Full: John H Herbert

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Grey Rock Farm; County: Howard

Date of death: 1904; Month: Jany; Day: 14; Age: Years 78; Months; Days

Sex: Male; Color or Race: White; Birthplace: Maryland

Occupation: Farmer; Where Residing if not at place of death:

Married, Single or Widowed: Widowed; Name of Wife or Husband: Sarah A. Sawyer

Father's Name: Frank Herbert; Father's Birthplace: Md.

Mother's Maiden Name: Sarah A. Silver; Mother's Birthplace: Md.

Name of person giving Information: W. Frank Herbert; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Influenza; How long: 14 day

Immediate: Pneumonia; How long: 10 "

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: B. F. Byrne

Address: Ellicott City

Accident or Suicide?

LIBRARY BUREAU A68616

Name in Full: Frances Jones

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Elk Ridge — County: Howard

Date of death: 1904 — Month: January — Day: 9 — Age: Years —, Months: 2, Days:

Sex: Female — Color or Race: Black — Birthplace: Elk Ridge

Occupation: — — Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband: —

Father's Name: Joseph Jones — Father's Birthplace: Maryland

Mother's Maiden Name: Clarissa Turner — Mother's Birthplace: Virginia

Name of person giving information: Joseph Jones — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pertussis — How long: 3 or 4 weeks.

Immediate: Probably pneumonia — How long: 1 or 2 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Wm R. Earecksom

Address: Elk Ridge, Md.

~~Accident or Casualty~~.

LIBRARY BUREAU A88516

Name in Full: Hugh F. McAvoy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Clarksville — County: Howard

Date of death 1904: Month: 1 — Day: 1 — Age: Years: 69 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Single — Occupation: Farmer

Name of Wife or Husband: —

Father's Name: Francis McAvoy — Father's Birthplace: Ireland

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Sister — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Murdered — How long: —

Immediate: Fractured Skull — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. Wright & Son

Address: West Friends Hospital

Howard County

Accident or Suicide?

LIBRARY BUREAU A8851G

Name in Full

Certificate of Death

Buella V. Mead

Died at Town Elkton City County Cecil MARYLAND

Date 19 04 Month 1 Day 10 | Age Y. 6 M. 3 D. — | Native of Maryland | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living

Husband of

Wife

Father's Name James Mead | Mother's Maiden Name Annie Della Mead

Cause of Death — Primary: Scarlet fever — How long sick: 5 days

Immediate: Heart failure — Accident, Suicide, Homicide

Reported by H. P. Bonsips

Address Elkton City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full: Emma May Meldrom

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Doughoregen — County: Howard

Date of death: 1904 — Month: Jany — Day: 11 — Age: Years 29 — Months — — Days —

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: House duties — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: William Meldrom

Father's Name: Isiah Thompson — Father's Birthplace: Md.

Mother's Maiden Name: Mahalia Snyder — Mother's Birthplace: Md

Name of person giving Information: Isiah Thompson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 2 years

Immediate: Cesthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Jno M Bloxom MD

Address: Ellicott City Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Bridget Driscoll

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Lonaconing — County: Garrett

Date of death 1904 — Month: 1 — Day: 6

Age — Years: 69 — Months: — Days: —

Sex: Fem. — Color or Race: White — Birthplace: Ireland

Married, Single or Widowed: Widow — Occupation: At Home

Name of Wife or Husband: Mrs. Driscoll

Father's Name: Rich. Delaney — Father's Birthplace: Ireland

Mother's Maiden Name: — — Mother's Birthplace:

Name of person giving Information: Michael Driscoll — How related to deceased: Son

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congestion of Lungs — How long: 24 hrs

Immediate: Heart Failure — How long: 30 minutes

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Smith M.D.

Address: Savage Md

Accident or Suicide? Neither

LIBRARY BUREAU A66516

Name In Full

Certificate of Death

David Price

Town: Guilford | County: Howard | MARYLAND

Died at

Date 1904 | Month Day: Jan 16 | Age Y. M. D.: 72 | Native of: Va. | Occupation: Laborer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number of children living 6

Husband of
Wife

Father's Name: Don't Know | Mother's Maiden Name: Don't Know

Cause of Death — Primary: Pneumonia Paralysis | How long sick: 7 days

Immediate

~~Accident, Suicide, Homicide~~

Reported by: L. C. Keenan, M. D.

Address: Guilford, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79885

Name in Full: Rezin Shipley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Savage — County: Howard

Date of death 1904 — Month: 1 — Day: 4

Age — Years: 82 — Months: 3 — Days: 28

Sex: male

Color or Race: white

Birthplace: Md

Married, Single or Widowed: widower

Occupation: Retired

Name of Wife or Husband: Margaret Miller

Father's Name: John Shipley

Father's Birthplace: Md

Mother's Maiden Name: Airy Barry

Mother's Birthplace: Md

Name of person giving information: Annie Shipley

How related to deceased: daughter

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 5 days

Immediate: Exhaustion — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Hinkins M.D

Address: Savage Md

Accident or Suicide? Neither

LIBRARY BUREAU A88516

Name in Full: Lewis Augustus Thomas — Certificate of Death

Died at: Town: Mardela Springs — County: Wicomico — MARYLAND

Date of Death: 1902 — Month: Jan — Day: 18 — Age: Y. 1 M. 11 D. — Native of: Maryland — Occupation: Farmer

Male ~~Female~~ — ~~White~~ Colored — ~~Married~~ Single — Widow Widower — Divorced — Number of children living

Husband of Wife

Father's Name: Roland Thomas — Mother's Name: Peggy Thomas

Cause of Death — Primary: Tuberculosis Spinal Abscess — How long sick: About 1 yr

Immediate: Tuberculosis — Accident, Suicide, Homicide

Reported by: C. H. Griffin M.D.

Address: Pittsville Wicomico Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Mary C. Thompson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ilchester. County: Howard

Date of death: 1904 Month: Jany Day: 18

Age: Years: 1 Months: 7 Days: 10

Sex: Female Color or Race: White Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Robert B. Thompson 93 Father's Birthplace: Md

Mother's Maiden Name: Velvia N. Lindall Mother's Birthplace: Md.

Name of person giving Information: Robert B Thompson How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia How long: one week

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Thos B Lewis MD

Address: Ellicott City Md

Accident or Suicide?

LIBRARY BUREAU A60818

Name in Full: Sarah L Thorpe

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Ellicott City — County: Howard

Date of death: Month: Jan — Day: 6 — 1904 — Age: Years: 30 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Virginia

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: widow — Name of Wife or Husband: John Thorpe

Father's Name: Bryant Chadwell — Father's Birthplace: Va

Mother's Maiden Name: Maryann Chadwell — Mother's Birthplace: Va

Name of person giving In formation: Mrs Eleanor Gray — How related to deceased: daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Locomotor Ataxia — How long: 12 or 18 mos

Immediate: Pulmonary Congestion — How long: a few hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: William E. Hodges

Address: Ellicott City Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Glenelg — County: Howard

Date of death 1904 — Month: Jan — Day: 22 — Age — Years: — Months: — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Md

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband:

Father's Name: Lizzie Watkins S. — Father's Birthplace: Md

Mother's Maiden Name: Georgiana Carroll — Mother's Birthplace: Md

Name of person giving information: Carrie Jones — How related to deceased: Nom

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Birth — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. A. Nichols

Address: Doyton Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mary E. White

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Ilchester — County: Howard

Date of death 190 6 — Month: 1 — Day: 6 — Age — Years: 65 — Months: 9 — Days:

Sex: Fem — Color or Race: White — Birthplace: Md

Married, Single or Widowed: married — Occupation: Housewife

Name of Wife or Husband: Harrison C. White

Father's Name: Frederick Harmyeller — Father's Birthplace: Germany

Mother's Maiden Name: Elizabeth Ruxbaugh — Mother's Birthplace: Md

Name of person giving information: Lora White — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Indigestion — How long: 1 yr

Immediate: Anaemia — How long: 4 mos

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Winstinum M.D

Address: Savage Md

Accident or Suicide? neither

LIBRARY BUREAU A66516

Name in Full: Ada Williams

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Elkridge — County: Howard

Date of death 1904: Month: 1 — Day: 24

Age: Years: — Months: — Days: 2

Sex: Female — Color or Race: Black — Birthplace: Elkridge

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: Wm H Williams — Father's Birthplace: Md

Mother's Maiden Name: Susan A Rawlings — Mother's Birthplace: Md

Name of person giving Information: Wm H Williams — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hiccoughs — How long: 36 hours

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. H Tongue

Address: Elkridge Md

Accident or Suicide:

LIBRARY BUREAU A8851G

Name in Full: Henry Writer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died in (Town): Harvard — (County): County

Date of death: 1904 — Month: Jan — Day: 3 — Age: Years 82 — Months 10 — Days

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Gentleman Farmer — Where Residing if not at place of death: Harford Co

Married, Single or Widowed: Widower — Name or Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Ed. Gillett — How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long: 2 yrs

Immediate: Heart failure — How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos R Brings

Address: Ellicott City

Accident or Suicide? No

LIBRARY BUREAU A38018

Name in Full: Conrad Zink

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Elk Ridge — (County) Howard

Date of death 1904 — Month: Jan — Day: 18th — Age: Years 66 — Months — Days

Sex: male — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: married — Occupation: Shoemaker

Name of Wife or Husband: Marie Zink

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information: Daniel Zink — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease — How long: about 3 years

Immediate: Heart disease — How long: Some

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Arthur Williams

Address: Elk Ridge Md

Accident or Suicide? No

LIBRARY BUREAU A65516